



8224 Bash Street  
Indianapolis, IN 46250  
Ph: 317-841-8182  
Fax: 317-841-7927

Greetings!

Welcome to Best Friends Home Pet Care, and thank you for choosing us for your pet care needs. Enclosed you will find our Welcome Kit for pet sitting and dog walking services. Please print a copy of this packet and complete all the forms prior to your scheduled initial consultation. At that consultation, a member of our staff will review all the materials with you and answer any questions you may have.

This Welcome Kit Includes

- General Information
- Rate Sheet
- Client Information Form
- Pet Information Form (complete one form for each pet in the household)
- Emergency & Vet Authorization Form
- Key Handling Form
- Credit Card Authorization Form
- Billing Policies
- Service Contract
- Apartment Authorization Form (optional)

In addition to completing the above forms prior to your initial consultation, please have 2 copies of your house keys ready to provide to your sitter. One copy will remain with your sitter/walker, while the second copy is securely stored for backup emergency purposes. If you live in an apartment complex, please also provide the sitter with a key pass to enter and exit your building.

We can't wait to meet you and look forward to caring for your pet!



8224 Bash Street  
Indianapolis, IN 46250  
Ph: 317-841-8182  
Fax: 317-841-7927

## General Information

- Office Hours:
  - Mon-Fri: 8am – 6pm
  - Saturday: 8am – 5pm
  - Sunday: 3pm – 6pm
- Normal route hours are 6am to 9am and 6pm to 9pm for dogs. Mid-day visits/walks are performed between 10am and 2pm. Nor more than twelve (12) hours may elapse between dog visits, and cats must be seen at least once per day. Due to concern for sitter safety, route hours end at 9pm unless special arrangements have been made.
- Please book all reservations through our office. Best Friends Home Pet Care does not accept reservations made directly with your sitter. All additions, cancellations, or changes to your existing reservation must go through our office.
- We recommend that you book service as early as possible. You can request service by calling our office during normal office hours. Reservations are not guaranteed until the availability of our pet sitter has been confirmed.
- **Requests for service made with less than 4 days notice are all subject to last minute fees.** Please note the contact information and hours of operation above. Voicemails and answering service messages received after close of business are reviewed the following business day and are therefore subject to last minute fees.
- **Failure to cancel at least 48 hours prior to onset of appointment will result in a cancellation fee of one-half (1/2) the total fee. Cancellations of assignments over major holidays and high-volume periods will result in a cancellation fee of one-half (1/2) the total fee, regardless of the amount of notice given.**
- Requests for service during holiday periods (see website for holiday schedule) are subject to non-refundable, holiday surcharge fees which are due in advance, when you make your reservation. These surcharge fees are passed on to the pet sitter as additional incentive to work on holidays.
- For liability purposes, Best Friends Home Pet Care does not allow our sitters to take dogs to off-leash dog parks. We also abide by state, county, and city leash laws and will not walk your dog off-leash in public.
- Pet sitting clients will receive their invoice within 2 weeks of service.
- Regular Midday Dog walking clients will receive their invoice on a monthly basis.
- All invoices are mailed by US mail or will be hand-delivered by our sitters when possible.
- We do accept payment by Visa, MasterCard, American Express and Discover. Please complete attached credit card authorization. We do NOT accept checks.
- Pet sitters frequently go “above and beyond” by providing more than basic pet care. If you were provided with great service, it is appropriate to tip your pet sitter 10% of the total bill. This is a suggested guide only and is not required. If you would like to tip your pet sitter, we encourage you to tip them in cash.



8224 Bash Street  
 Indianapolis, IN 46250  
 Ph: 317-841-8182  
 Fax: 317-841-7927

## Rates

**Initial Consultation** – The initial meeting and interview with your sitter is complimentary.

**Pet Sitting** – Standard 20-30 minute visit, before 9am or after 6pm. Each additional pet is \$2 per visit. Includes walking/play time, feeding and fresh water, litter box maintenance, daily log of activities, routine medication dispensation (no injections, cooperative pets only), watering up to 5 plants, mail retrieval, trash removal, interior/exterior lighting adjustment, light cleaning duties associate with pet care (i.e., accident clean-up, etc.), and emergency veterinary service if applicable (consent form must be signed).

**Midday Dog Walks** – Standard 15-20 minute visit, between 10am and 2pm, up to two (2) dogs. Each additional dog is \$2 per visit.

**Holiday Periods** – A non-refundable \$5 surcharge is applied per visit to any pet sitting or midday dog walking service during these holidays. This bonus is passed on to our sitters/walkers and serves as an incentive to accept work during the holidays when they may otherwise have not chosen to work. The entire Holiday Surcharge applicable to your holiday job is required to be pre-paid when you make your reservation. \_\_\_\_\_ (Initial) **2010 Holiday Periods:** February 13-15, April 2-4, May 29-31, July 3-5, September 4-6, October 9-11, November 25-28, December 24-26, December 31-January 2.

**Cancellation and Last Minute Fee Policy** – Cancellations with less than 48 hours notice prior to onset of assignment will result in a fee of one-half (1/2) the total fee. Cancellations of assignments over major holidays and high volume periods (includes **Easter, Thanksgiving, Christmas, Spring Break, Winter Break, Fall Break, Memorial Day, July 4<sup>th</sup> and Labor Day**) will result in a cancellation fee of one-half (1/2) the total fee, regardless of the amount of notice given. After hour requests are handled the following business day. \_\_\_\_\_ (Initial)

<b>Service</b>	<b>Rate</b>
Initial Consultation	Complimentary
Pet Sit (up to 2 dogs)	\$18
Pet Sit (up to 2 cats)	\$15
Pet Sit (other, small animals)	\$12 and up
Midday Dog Walk (up to 2 dogs)	\$12
Extra Pet Charge	\$2 per pet per visit
One Visit Only (not regularly scheduled)	\$18
Last Minute Reservations (less than 4 days notice)	\$10 surcharge
Holiday Surcharge	\$5 per visit
Veterinarian Transport	\$15 and up
Outside standard route time/distance	\$10 per visit
Temperamental pet medication dispensation	\$3 per dispensation
Watering over five (5) houseplants	\$5 (each time)
Ready-Key enrollment/set-up fee	\$5 (non-refundable)
Fuel surcharge	\$1 minimum per visit

**I have read and understand the above rates. I understand that Best Friends may modify these rates from time-to-time, at its sole discretion.**

Client Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Provide completed form to sitter at consultation or FAX to 317-841-7927**



8224 Bash Street  
Indianapolis, IN 46250  
Ph: 317-841-8182  
Fax: 317-841-7927

## Client Information Form

It is very important that we have your correct contact information on file, so please fill out the following carefully. If ANY of the information below changes, please contact our office so we may update your records.

### **Primary Owner**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Apartment Complex Name (if applicable) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### **Secondary Owner (person authorized to schedule services & make decisions regarding the care of your pet)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Where is the best place for your sitter to park, while visiting your pet?

**Provide completed form to sitter at consultation or FAX to 317-841-7927**



8224 Bash Street  
Indianapolis, IN 46250  
Ph: 317-841-8182  
Fax: 317-841-7927

## Pet Information Form

**If you have more than one pet, please complete this page for each pet in your household.**

Pet's Name \_\_\_\_\_ Type: cat / dog / other \_\_\_\_\_ Sex: M / F  
Breed/Physical Description \_\_\_\_\_ Spay/Neuter: Y / N  
Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Weight \_\_\_\_\_ Microchip number \_\_\_\_\_

Feeding Instructions AM

Feeding Instructions PM

Where will your pet be when your sitter arrives for a visit (crated, in kitchen, in bedroom, etc?) *We assume this is where your pet will remain when home alone, unless you specify other instructions here.*

Has your pet ever bitten a person or animal? Y / N If yes, please describe in detail.

Please describe your pet's behavior toward strangers.

Please describe your pet's behavior toward other animals.

Please describe your pet's behavior around food and water dishes, toys and bones.

Does any of your pets have an illness or injury that we should be aware of? Please describe in detail. Use additional paper if necessary.

Does your pet (or pets) have any food allergies or other allergies? Please describe.

Do any of your pets have sensitive areas on their body we should pay special attention to or where they do not like to be touched?

Please list any ongoing medications that your pet takes and directions for administration.

Where do you keep your pet's food?

Where do you keep your pet's treats?

Does your pet wear a collar while in your home? Y / N

Does that collar have ID tags with contact information? Y / N



8224 Bash Street  
Indianapolis, IN 46250  
Ph: 317-841-8182  
Fax: 317-841-7927

### Pet Information Form (cont'd)

Where do you keep the leash and/or litter box and cat carrier?

Where do you keep your cleaning supplies and vacuum cleaner?

Where would you like your pet sitter to dispose of pet waste? (location of outdoor garbage container)

Are there any places in your home where your pet may hide?

Does your pet have any personality issues/fears, phobias, etc.? (e.g. umbrellas)

Any additional instructions you would like to pass on to your sitter?

#### **Additional Instructions for Midday Dog Walking Clients Only.**

1. In the event of a last minute emergency and your primary sitter cannot conduct the visit, do you prefer we skip the visit but notify you or send a sub and notify you so that there is no interruption in service?

\_\_\_\_\_ Send substitute and notify me

\_\_\_\_\_ Skip but notify me

2. Please select a 2-hour time preference. This is the timeframe your dog walker will arrive at your home.

\_\_\_\_\_ 10a – 12p

\_\_\_\_\_ 11a – 1p

\_\_\_\_\_ 12p – 2p

\_\_\_\_\_ Anytime between 10a – 2pm

3. Please select the days of the week that you would like on-going weekly service.

(please circle all that apply)

Mon   Tue   Wed   Thu   Fri

OR

\_\_\_\_\_ Occasional service (will make reservation each week)

4. I would like midday service to begin on \_\_\_\_\_

5. Please provide any additional instructions that you would like to pass on to your dog walker.

**Provide completed form to sitter at consultation or FAX to 317-841-7927**



8224 Bash Street  
Indianapolis, IN 46250  
Ph: 317-841-8182  
Fax: 317-841-7927

### Emergency & Vet Authorization Form

Your emergency contact should be someone local and someone that, in the event of emergency, has access to your home.

Emergency Contact Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### **Vet Information and Release Form**

Vet Clinic \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

I understand that in the event of an emergency, Best Friends Pet Care will make every attempt to contact me using the information that I have provided. In the event that I cannot be reached, I authorize the following:

In the event of illness or injury, I authorize Best Friends Pet Care to seek appropriate medical treatment for my pet. I understand that every effort will be made to take my pet to the vet clinic specified on the emergency form if the situation permits; however, Best Friends has the authority to seek treatment at any veterinary clinic. Furthermore, I agree to reimburse Best Friends within 14 days of incident for veterinary fees and all related costs including transportation in any amount up to \$\_\_\_\_\_ (please specify dollar amount per pet. Common amounts are \$200, \$1000 or unlimited)

This release does not expire and will remain valid for all future Best Friends Home Pet Care Services.

Client Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Provide completed form to sitter at consultation or FAX to 317-841-7927**



8224 Bash Street  
Indianapolis, IN 46250  
Ph: 317-841-8182  
Fax: 317-841-7927

## Key Handling Form

At your initial consult, please provide your sitter with 2 sets of keys. One set will be for your sitter and the other will be kept securely locked in our office for emergency purposes. The purpose of the additional set of keys is to that in the event your pet sitter has an emergency or is locked out of your home, we will still have access to your home to ensure your pet is cared for properly. If you live in an apartment complex, please also provide the pet sitter with a key pass to enter and exit your building/grounds.

**AN ACTUAL KEY IS REQUIRED, not just a garage door opener or pass code. Otherwise, if there should be a power outage, your sitter will not be able to enter your home.**

I have provided Best Friends with the following keys:

Number of keys and the doors they open?

Describe any special instructions that are helpful for someone who has never accessed your home (such as the door sticks, never lock the deadbolt, hide-a-key location, house alarm or security card to access your building, etc).

I furthermore agree to and understand the following:

- Best Friends does not make backups of client keys.
- Best Friends has permission to provide my keys to any employee that will be conducting services.
- If client supplies only one key, Best Friends cannot respond to emergency situations in a timely manner. Client understands the risk that their pet may not be cared for as scheduled.
- Client further understands that if the services of a locksmith are required in order to access your home, client is responsible for all locksmith charges and any additional time the sitter is required to wait at the home until locksmith arrives.
- Client keys will automatically be retained on file, at the end of service. If client requests keys to be returned, client may pickup keys from our office at no charge during normal business hours. If client requests keys to be mailed, client will incur a \$15 key handling fee.
- If client wishes to supply Best Friends with new keys, client may drop keys off at our office at no charge. However, if client requests a sitter come to their home to pickup new keys, client will incur a \$15 key handling fee.
- If client has no service activity for a period of 12 consecutive months, the client's file will become inactive and Best Friends will dispose of client's keys.

Client Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Provide completed form to sitter at consultation or FAX to 317-841-7927**



8224 Bash Street  
Indianapolis, IN 46250  
Ph: 317-841-8182  
Fax: 317-841-7927

## Credit Card Authorization Form

### **Credit Card Authorization**

I authorize Best Friends Pet Care to automatically charge the credit card, listed below, as payment for invoices for any and all future Best Friends Home Pet Care services. I understand that Best Friends will provide me with an invoice by US Mail, disclosing the amount of the charges.

Name (as it appears on the card) \_\_\_\_\_

Billing Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number \_\_\_\_\_ work / cell / home (please circle)

E-mail Address \_\_\_\_\_

Credit Card Information (please circle)

Visa    MasterCard    Discover    Amex

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

*I understand that this information will be retained on file for any future invoice charges. (If you would like to change your credit card information, you will need to submit a new form to our office).*

Client Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**Provide completed form to sitter at consultation or FAX to 317-841-7927**



8224 Bash Street  
Indianapolis, IN 46250  
Ph: 317-841-8182  
Fax: 317-841-7927

## Billing Policies

### **How will I be billed for services?**

We will keep a credit card on file. We will need a credit card authorization form on file in our office.

### **Last Minute Reservation Policy**

We recommend you book service as early as possible and provide a minimum 4 days notice to our office. Reservations are not guaranteed until the availability of our pet sitter has been confirmed. Reservations must be made through our office at all times during normal business hours. **Reservations made with fewer than 4 days notice will be assessed a last-minute surcharge.**

### **Cancellation Policy**

- Pet Sitting cancellations: A 48-hour cancellation notice is required in advance of the next scheduled visit; otherwise you will be charged one-half (1/2) of the total fee. If you return home early from your trip, please call the office to cancel the remainder of your visits. Client will be charged for any one-half (1/2) of the fee for any visits where cancellation notice is given less than 48 hours in advance.
- Middy dog walking cancellations: Cancellations for midday dog walking services must be received in our office by 5pm the business day prior to the scheduled service, otherwise full fees apply. Our office is open Monday-Friday 8am to 6pm, Saturday 8am to 5pm, and Sunday 3pm to 6pm. Our office is closed on all major holidays.

### **Inclement Weather Policy**

#### Midday Visits:

- If you choose to stay home due to adverse travel conditions, we ask that you contact our office by 9am the day of service so that we have time to inform the sitter and to avoid being charged for that day.
- Best Friends reserves the right, at its sole discretion, to cancel midday walks due to weather, national emergency, and/or other emergency. You will be notified of any cancellations.

#### Vacation Visits:

For pet sitting clients, we request that you provide us with emergency backup relatives or neighbors that can help out during those times where road conditions prohibit us from reaching your home. We will take every step possible to ensure the safety of your pet which may require us to bring them with us (to our facility).

### **Holidays**

We are a company that operates 365 days a year. We charge an additional fee during holidays and pass this on to our associates, as an incentive to accept work during holidays when they may otherwise have not chosen to work. The holiday surcharge is in addition to normal rates, is **non-refundable**, and must be paid **in advance** when you book your reservation.

Cancellation of any assignments scheduled over major holidays and high-volume periods (includes Easter, Thanksgiving, Christmas, Spring Break, Winter Break, Fall Break, Memorial Day, July 4<sup>th</sup>, Labor Day) will result in a cancellation fee of one-half (1/2) the total fee, regardless of the amount of notice given.

Please note that all regularly scheduled midday dog walking services will be cancelled on holidays. If you are a regular midday dog walking client and need a dog walk during the holiday, please call our office to make a reservation.

*I have read and agree to the above policies, including the fees and surcharges listed.*

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

**Provide completed form to sitter at consultation or FAX to 317-841-7927**



8224 Bash Street  
Indianapolis, IN 46250  
Ph: 317-841-8182  
Fax: 317-841-7927

## Service Agreement

Client desires to engage Best Friends Pet Care, Inc., its employees, members, agents and representatives to obtain the care and services provided by Best Friends Pet Care, Inc. (the "Services") for Client's pet(s) (the "Pets"), and Best Friends Pet Care, Inc., agrees to provide Services in accordance with the terms and conditions of this Service Agreement (the "Agreement").

In consideration of the following terms and conditions, and other good and valuable consideration hereby acknowledged by the parties hereto, Client and Best Friends Pet Care, Inc. agree as follows:

1. Client authorizes and engages Best Friends Pet Care, Inc., to perform the Services as set forth herein and in the price sheet provided to Client (the "Price Sheet") for the time period(s) as requested by Client ("Scheduled Period"). During any Scheduled Period, fees for services will be calculated pursuant to the Price Sheet, which may be modified from time-to-time by Best Friends Pet Care, Inc., at its sole discretion. If Client determines that any Services scheduled during the Scheduled Period are no longer required, Client must notify Best Friends Pet Care, Inc., promptly, and in no event less than the period of time specified in the Price Sheet to avoid being charged for any such Services.

2. In the event of an emergency (e.g., injured pets, severe weather, broken pipes, natural disaster, fire, etc.), Best Friends Pet Care, Inc., is hereby authorized to take all measures deemed necessary or advisable by Best Friends Pet Care, Inc., in its sole and absolute discretion in caring for Pets and Client's property (including without limitation emergency veterinary care for Pets and emergency repair services for Client's home) and Client agrees to defend, indemnify and hold harmless Best Friends Pet Care, Inc., its respective employees, members, agents and affiliates from all liabilities, claims and expenses, including reasonable attorney's fees, that arise from or relate to such decisions. In the event of such emergency, Client shall immediately reimburse Best Friends Pet Care, Inc., for expenses incurred, plus any additional fees or expenses for attending to such an emergency. Furthermore, Client is responsible for providing keys to access their home or building. Any locksmith fees incurred as a result of providing faulty keys is the financial responsibility of the Client.

3. Client shall promptly pay all invoices from Best Friends Pet Care, Inc. and may be required to pay certain fees in advance as determined by Best Friends Pet Care, Inc. Late fees, handling fees for returned checks and other fees shall be payable as set forth in the Price Sheet. Client shall pay interest charges at the lesser rate of one and one-half percent (1.5%) per month or the maximum rate permitted by law on past due invoices. Client will be responsible for all costs and fees associated with collection proceedings, including attorney's fees, for all amounts more than forty-five (45) days past due.

4. Client represents and warrants that Pets are currently vaccinated in accordance with all local and state laws and regulations. Client agrees to indemnify, defend and hold harmless Best Friends Pet Care, Inc., its respective employees, members, agents and affiliates from all liabilities, claims and expenses, including reasonable attorney's fees, that arise from or relate to Pets' behavior, including without limitation property damage, personal injury or death caused by Pets.

5. BEST FRIENDS PET CARE, INC. PROVIDES NO REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED, WITH RESPECT TO THE SERVICES AND DISCLAIMS ANY AND ALL IMPLIED WARRANTIES, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. IN CONSIDERATION OF THE SERVICES AND AS AN EXPRESS CONDITION THEREOF, THE CLIENT EXPRESSLY WAIVES AND RELINQUISHES ANY AND ALL CLAIMS AND LIABILITIES OF ANY KIND AGAINST BEST FRIENDS PET CARE, INC., NOT ARISING FROM OR RELATING TO THE SERVICES OR THIS AGREEMENT, EXCEPT THOSE ARISING FROM THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF BEST FRIENDS PET CARE, INC. WITHOUT LIMITING THE FOREGOING, IN NO EVENT SHALL BEST FRIENDS PET CARE, INC., BE LIABLE FOR ANY SPECIAL, INCIDENTAL, INDIRECT OR CONSEQUENTIAL DAMAGES OF ANY KIND IN CONNECTION WITH THIS AGREEMENT, EVEN IF BEST FRIENDS PET CARE, INC., HAS BEEN INFORMED IN ADVANCE OF THE POSSIBILITY OF SUCH DAMAGES; IN NO EVENT SHALL BEST FRIENDS PET CARE, INC.'S TOTAL AND AGGREGATE LIABILITY HEREUNDER EXCEED THE AMOUNT PAID BY CLIENT TO BEST FRIENDS PET CARE, INC., HEREUNDER.

6. Either party may terminate this Agreement at any time for any reason or no reason by providing the other party with notice of such termination. This Agreement constitutes the entire agreement between the parties in connection with the subject matter hereof and supersedes all prior and contemporaneous agreements, understandings, negotiations and discussions between the parties, whether oral or written. The validity, construction and performance of this Agreement shall be governed by and construed in accordance with the substantive law of the State of Connecticut without regard to conflicts of law provisions. If any provisions of this Agreement or the application of any such provision shall be held to be contrary to law, the remaining provisions of this Agreement shall remain in full force and effect to the maximum extent permissible.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first written above.

Client Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

---

**Provide completed form to sitter at consultation or FAX to 317-841-7927**



8224 Bash Street  
Indianapolis, IN 46250  
Ph: 317-841-8182  
Fax: 317-841-7927

**For 24-Hour Concierge Staff**

**\*\*\*\* Please print and provide a copy to your 24-hour concierge desk \*\*\*\***

**Best Friends Home Pet Care will also retain a copy on file at our office**

I, \_\_\_\_\_ reside in Apartment Complex Name \_\_\_\_\_  
Apartment # \_\_\_\_\_.

I hereby grant authorization for a Best Friends Home Pet Care representative to be allowed entrance into our building to care for my pet. They already have the keys to my unit.

Property Management has been apprised of this request. There is also a copy of my service contract and this authorization form on file at Best Friends Home Pet Care's office.

**Please keep this copy at your 24-hour concierge desk.**

Thanks you.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
2<sup>nd</sup> Tenant Signature

**Provide completed form to sitter at consultation or FAX to 317-841-7927**